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PTO/SB/21 (08-00)

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## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application No.	08/813,647
		Filing Date	March 7, 1997
		First Named Inventor	Ariel Hendel
		Group Art Unit	2152
		Examiner Name	Vu, Thong H <b>RECEIVED</b>
Total Number of Pages in This Submission	11	Attorney Docket Number	82225P2170

#286

OCT 23 2004

Technology Center 2100

### ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input checked="" type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Return Receipt Postcard
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s)	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Eric S. Hyman, Reg. No. 30,139 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	October 14, 2002

### CERTIFICATE OF MAILING/TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class mail with sufficient postage in an envelope addressed to: Box AF, Assistant Commissioner for Patents, Washington, D.C. 20231 on:

October 14, 2002

Typed or printed name	Margaux Rodriguez		
Signature		Date	October 14, 2002

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# FEET TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27.

**TOTAL AMOUNT OF PAYMENT:** **(\$)**

**Complete if Known**

Application Number	08/813,647
Filing Date	March 7, 1997
First Named Inventor	Ariel Hendel
Examiner Name	Vu, Thong H.
Group/Art Unit	2152
Attorney Docket No.	82225P2170

**METHOD OF PAYMENT (check one)**

Check  Credit card  Money Order  Other  None  
 Deposit Account

Deposit Account Number **02-2666**

Deposit Account Name **Blakely, Sokoloff, Taylor & Zafman LLP**

The Commissioner is authorized to: (check all that apply)

Charge fee(s) indicated below  Credit any overpayments  
 Charge any additional fee(s) required under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.  
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account

**FEE CALCULATION****1. BASIC FILING FEE**

Large Entity		Small Entity		Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)	
101	740	201	370	Utility filing fee
106	330	206	165	Design filing fee
107	510	207	255	Plant filing fee
108	740	208	370	Reissue filing fee
114	160	214	80	Provisional filing fee
<b>SUBTOTAL (1)</b>		<b>(\$)</b>		

**2. EXTRA CLAIM FEES**

Total Claims	41	Extra Claims	Fee from below	Fee Paid
Independent Claims	10	=	=	=
Multiple Dependent				

Large Entity		Small Entity		Fee Description
Fee Code	Fee (\$)	Fee Code	Fee (\$)	
103	18	203	9	Claims in excess of 20
102	84	202	42	Independent claims in excess of 3
104	260	204	140	Multiple Dependent claim, if not paid
109	84	209	42	**Reissue independent claims over original patent
110	18	210	9	**Reissue claims in excess of 20 and over original patent
<b>SUBTOTAL (2)</b>		<b>(\$)</b>		

\*or number previously paid, if greater. For Reissues, see below

**3. ADDITIONAL FEES**

Large Entity	Fee Code	Fee (\$)	Small Entity	Fee Code	Fee (\$)	Fee Description
	105	130		205	65	Surcharge - late filing fee or oath
	127	50		227	25	Surcharge - late provisional filing fee or cover sheet
	139	130		139	130	Non-English specification
	147	2,520		147	2,520	For filing a request for ex parte reexamination
	112	920 *		112	920 *	Requesting publication of SIR prior to Examiner action
	113	1,840 *		113	1,840 *	Requesting publication of SIR after Examiner action
	115	110		215	55	Extension for reply within first month
	116	400		216	200	Extension for reply within second month
	117	920		217	460	Extension for reply within third month
	118	1,440		218	720	Extension for reply within fourth month
	128	1,960		228	980	Extension for reply within fifth month
	119	320		219	160	Notice of Appeal
	120	320		220	160	Filing a brief in support of an appeal
	121	280		221	140	Request for oral hearing
	138	1,510		138	1,510	Petition to institute a public use proceeding
	140	110		240	55	Petition to revive - unavoidable
	141	1,280		241	640	Petition to revive - unintentional
	142	1,280		242	640	Utility issue fee (or reissue)
	143	460		243	230	Design issue fee
	144	620		244	310	Plant issue fee
	122	130		122	130	Petitions to the Commissioner
	123	50		123	50	Processing fee under 37 CFR 1.17(q)
	126	180		126	180	Submission of Information Disclosure Stmt
	581	40		581	40	Recording each patent assignment per property (times number of properties)
	146	740		246	370	Filing a submission after final rejection (37 CFR § 1.129(a))
	149	740		249	370	For each additional invention to be examined (37 CFR § 1.129(b))
	179	740		279	370	Request for Continued Examination (RCE)
	169	900		169	900	Request for expedited examination of a design application
	Other fee (specify)					

\* Reduced by Basic Filing Fee Paid

**SUBTOTAL (3)****(\$)****RECEIVED****OCT 23 2002****Technology Center 2100****SUBMITTED BY**

Complete (if applicable)

Name (Print/Type)	Eric S. Hyman	Registration No. (Attorney/Agent)	30,139	Telephone	(310) 207-3800
Signature				Date	10/17/02

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